

958

PLACE OF BIRTH  
County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 46  
Co. Registrar's No. 293  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Thomas Collins Ferguson Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ Legiti- mate? yes Date of Birth April 16 1919  
Month Day Yr.

FATHER  
Full Name James C. Ferguson  
Residence Globe, Arizona  
Color or Race White Age at last Birth 39 Years  
Birthplace Calgary, Canada  
Occupation Insulterman

MOTHER  
Full Maiden Name Emma Casner  
Residence Globe, Arizona  
Color or Race White Age at last Birth 40 Years  
Birthplace St Paul, California  
Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on April 16 1919, at 2:25 M.

\*When there is no attending physi-  
cian or midwife, then the householder  
should make this return.

Signature Alvin Farness M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a  
supplemental report \_\_\_\_\_ 1919

Address Globe, Arizona

365-416-539  
COUNTY REGISTRAR.

Filed JUL 3 1919

Filed JUL 5 1919 A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.